

Adult Day Health Care Services

Definition: Adult Day Health services are furnished 4 or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Authorization of services will be based on the participant's need for the service as identified and documented in the participant's plan of care. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the participant's plan of care are not furnished as component parts of this service.

Providers: Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver. These centers/agencies are listed on the Adult Day Health Provider Listing or you may contact your supervisor if you have questions about a center's/agency's enrollment status.

Arranging For the Service: Once it is determined that Adult Day Health services are needed, you should document the need for the services in the participant's Support plan. The request for Adult Day Health Care Services will be reviewed by the SCDDSN Waiver Administration Division.

Note: A separate Adult Day Health Care Assessment is not required

You must provide the participant or his/her family with the listing of enrolled providers. You should assist the family as needed or requested in choosing a provider and document that you offered a choice of providers. Once approved, you can negotiate a start date with the center or agency then authorize the service. For Adult Day Health Care, one unit equals one "participant day" which is a minimum of 5 hours per day excluding transportation time. The **Community Supports Form AD-23** must be used to authorize the service. The **Community Supports Form AD-23** instructs the provider to bill Medicaid for services rendered.

The **Community Supports Form AD-23** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care agency or until services are terminated.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made. The following schedule should be followed when monitoring Adult Day Health Care Services:

Yearly on-site monitorship required

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;

- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitorship include:

- Is the participant satisfied with the Adult Day Health Care Center?
- Is the ADHC Center clean (sanitary)?
- Is the ADHC Center in good repair?
- How often does the participant attend? If less than five hours a day, is this authorized?
- Are there any health/safety issues?
- Is this consistent with the authorization?
- How often does the ADHC Center Staff have contact with family?
- Are there any behavior problems?
- What type of recreational activities does the person participate in?
- What types of recreational activities does the ADHC Center offer?
- Does the participant feel comfortable interacting with staff?
- What are the opportunities for choice given to the participant?
- What type of care is the participant receiving?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeal/reconsideration process.